

THE CALIFORNIA HOMŒOPATH.

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Original Articles.

CASES OF POISONING.

By S. L.

By Belladonna Berries.

Dr. Kobrynski reports that a farmer brought his three boys for advice, who the day before made a meal of belladonna berries in the woods, and got crazy. The eldest one, of seven years, well nourished and fully developed, pupils dilated at maximum, no reaction to stimuli of light; pulse very frequent; breathing superficial and accelerated; skin dry, bright red; temperature fallen, extremities and face cool; absolute retention of urine and stool. The little fellow was a perfect maniac. Excited and anxious he steadily makes inordinate movements and utters unconnected sounds. Asked about his name, he screams, moves backwards, throws his arms about, bends forward, as if he wanted to sit down, and falls to the ground, but gets up, laughs and whistles; talks of some wonderful stories, sees angels and hears beautiful music; but soon the scene changes again, he becomes melancholic, full of anxiety he wants to hurry away, knocks everything down, tries to climb up on the walls, so that he has to be kept quiet by force.

The second one, three and one-half years old, well developed and well nourished, talks and walks well, lies in a depressed mood, nearly soporose, with closed eyes, cool and relaxed extremities, breathing rapid and rattling; pupils fail to react to light, tendinous and muscular reflexes abolished, hardly any sensation for heat or cold. Loudly spoken to, he opens his eyes and looks at those who surround him, but does not answer. Shaken up and put on his feet, he makes a few steps and falls down.

Child five years old, delicate and poorly nourished, lies in deep sopor; cyanotic face, skin of trunk and extremities cool and dry; breathing hardly audible and weak, pulse filiform, extremely rapid. No reaction to anything. Absolute retention of urine and feces. Put on his feet, he falls down without expressing any pain.

As twenty-four hours had passed since the berries were swallowed and had therefore passed the stomach, the doctor pinned his faith in thorough irrigation of the intestinal tract, applying alternately enormous quantities of hot and cold water to induce peristalsis and fecal discharges, and he succeeded in producing copious alvine discharges.

The oldest boy passed twenty-eight, the second thirty-nine and the third thirty-seven berries, either whole or partly masticated, and large quantities of seeds. After being assured that the bowels were well emptied, the oldest one received a pilocarpine and morphine injection, the two younger ones camphor injections, massage of the skin, hot envelopments and a clyisma of sweetened milk, raw eggs and brandy. They passed their urine and then fell asleep for three hours. A small dose of morphine for several days was still necessary for a few days before they had fully recovered, but the father acknowledged that for a long time they remained irritable and full of anxiety and that the youngest one forgot speaking, and now has to learn it all over again, and that all three are still very sensitive to light.

It is remarkable that the children recovered after taking such a large quantity of the poison, showing that the infantile organism must possess a great resisting power to this poison, similar to that of the herbivoræ who also resist belladonna, still the question is still open whether soil and

climate have any influence on its action. Schunemann saw particles of berries discharged after several days, have the indication for copious irrigation of the intestinal canal. Bouk also mentions that children, suffering from neurotic affections, as chorea, bear well relatively large doses of belladonna. Still there are cases enough on record where a solitary berry of belladonna suffice to kill a man, and Bauer relates a case where a little child died from eating three berries, though everything was done to remove the poison. —*Alleg. Med. Centr. Zeit.* 65, 91.

By Chininum Sulphuricum.

Dr. Pispieres, of Greece, relates the following cases:

C. P., 17 years old, lived in a marshy region; had several attacks of paludal fever; cured by quinine internally in doses suited to the severity of the attack. He was anemic, sallow, emaciated. August 22d he took 1.20 gramme for another attack, in three divided doses. After the third dose he felt dullness, heaviness in abdomen, especially in the gastric and umbilical regions, followed at first by bilious vomiting, then bloody, and finally a genuine hematemesis, and during the day about twenty bloody stools, which was stopped by cold application on the stomach and cold injections. June 28th, he had another attack of his fever, with the same bloody vomiting and bloody stools, without having taken any quinine. Suitable treatment relieved him again, but his mother, fearing another attack, rubbed a quinine ointment all over his trunk, front and back. No sleep during the night; full of anguish and restlessness, and in the morning again first bilious, then bloody vomiting and bloody diarrhoea; temperature 38°, pulse 112. No quinine for him any more, and after a long and tedious convalescence, he partly regained his health.

Quinine is, in Greece, often the cause of an obstinate urticaria, and sometimes of free hemorrhages of the skin in the form of petechiæ and vesicles on the skin, and neurosa. At other times, hemoglobinuria sets in, which several times led to fatal issue. Several times obstinate vomiting and diar-

rhœa were noticed by many Greek physicians practicing in paludal regions.

Pispires observed also amaurosis sixty hours after taking quinine. In a woman of 32 years, the minute dose of 0.30 centigramme produced a severe attack of hysteria.—*Progres Med.*, 33, 91.

Ophthalmology and Otology.

CONDUCTED BY H. C. FRENCH, M. D.

CLINICAL ADVANTAGES OF LONDON.

No. II.

The Royal Ophthalmic Hospital—Moorefields.

From about 10:30 A. M., till 2 to 3 P. M., we spent every day during our stay in London, at this hospital. We went once or twice to other institutions, and formed the acquaintance of McNemarra, at the Westminster, on King William Street, and while we found him a royal good fellow, his institution seems to have a feeble grip on the vast throng of surgical cases of London. Hartridge is one of McNemarra's colleagues in ophthalmic work, and a high authority in ophthalmology, especially in refractive disorders on which he has written a standard work. The Moorefields hospital occupies an irregular projection of a large block in a very busy part of the great metropolis, and is black with age and grim. On its rear wall is a large placard soliciting funds for the erection of a new and more commodious Hospital. The fact that the beds will be free, and that about \$200,000 have already been collected for the good purpose is published as a stimulus to the public generosity. There is a delightful sense of freedom not only to the beds of Moorefields, but to the entire establishment. All operations in the surgical departments are open to the public and there is a sense of genuine welcome that is no less pleasant than unmistakable. Railings and seats surround the operating table in such a way as to give a large number of visitors a good opportunity

of witnessing the operations. During our stay a large proportion of the visitors were American, though there was a Tunk, an Hindoo and a German, the same faces being found daily in the seats with occasional transients.

There seems to be a total absence of anything like favoritism, all sharing alike the genial atmosphere that surrounds these royal surgeons. The entire staff were uniformly polite and communicative, showing not only willingness, but delight in answering queries and explaining points in pathology. They dilated upon the different methods of operating, often giving the history of cases, and delighting us with gems of clinical lecture. In all our hospital experience, we never witnessed more absolute democracy in the treatment of foreign students. It is doubtful if there is a similar institution in America where the student would see in a month as many operations as are often witnessed here in a single day. One reason for this is doubtless the fact that a majority of Americans will, in some way or other, find means to pay for private treatment. The surgical staff are, with few exceptions, men who are known the world over, in the literature of ophthalmology. Mr. Nettleship, who has given us one of the most recent, and exceedingly popular work on the eye, is a pleasant gentleman of about fifty, of slender frame and nervous temperament, and is a most admirable operator. He almost invariably removes the lens without an iridectomy, and in one case in which the pupil was greatly contracted at the time of the operation, we were surprised to see him operate by his favorite method, and to our great admiration, with his usual good success. We never saw the ordinary triangular tearing cystotome used at Moorefields, but, uniformly, a delicate and somewhat curved knife is employed for operating the capsule. Mr. Tweedey, instead of opening the capsule with the point of the cataract knife previous to the counter puncture, which has been done by a few of the continental surgeons, completes the cut, and re-introduces his Von Graefe knife in the manner of a cystotome, and splits the capsule at its presenting border. He claims that by this method it is less frequently necessary to resort to secondary operations on account of opaque capsule. No one can visit these admirable clinics from day to day and

not be impressed with neatness and mechanical perfection with which the entire staff perform these delicate operations, and what is better than all, the almost uniform success of the operations. It is not to be understood that the eye surgery is confined to cataracts; enucleations are performed by the hat-full, and by every method imaginable, and to our mind, American oculists excel our London brethren in this department of ocular surgery, both in neatness and dispatch. Mr. Tweedey enucleated with an ordinary blunt-pointed straight scissors, not even resorting to the curved ones in cutting the optic nerve. He also removed a large part of the fatty cushion surrounding the optic foramen, with the nerve, making the stump purposely long by traction on the globe at the time of excision. He regards this as material as contributing to the extension of malignant growths, which may be true when such growths are present. It also contributes to the formation of a cushion for the support of an artificial eye. The globes generally came forth rough and ragged, with shreds of muscles attached, while we have been taught to cherish every particle of muscular tissue as a means of forming a larger button, and more perfect motion to the shell. Probably a large proportion of the Moorefields patients never indulge in the luxury of a glass orb, and this may be the reason for their disregard of these important details.

H. C. F.

Colleges and Hospitals.

Southern California Homœopathic Medical Society.

The meeting of the above society will be held at Hotel del Coronado, San Diego, on the 14th, 15th and 16th of this month. From all accounts a full attendance is to be had. Special rates have been made on the steamers and railroads, and at the Hotel, and no more delightful vacation can be taken than a trip down to Coronado and return by steamer, with a few days at that Hotel. Combining this with the mental and intellectual benefits, one would accrue from the "southern members," it behooves the northern members to attend this meeting in a body.

Correspondence.

GRASS VALLEY, CAL., September 11, 1891.

EDITORS CALIFORNIA HOMŒOPATH —Koch's "tuberculin" appears to enjoy among teutomaniac German-speaking; those particularly who have but a dubious status in the profession. A late eulogy of tuberculin and Koch was "boomed" in Chicago "German" in a certain "write-up" of Chicago German sheets which are said to have formerly drawn their pabulum from Bismarck's "reptile fund." The writer of that brochure graces the staff of a Chicago hospital controlled by a monastic order. His knowledge is not increased by perusal of medical literature in general, but by an observation and copying the prescriptions of the other members of the hospital staff. Mistrusting the diagnostic and therapeutic skill of their imitator, they induced the hospital steward, or apothecary, to fill several dummy prescriptions for stercoraceous acid, to be used in supposed cases of fever. A large crop of stercoraceous acid prescriptions signed by the "author" soon came. The "brochure" above alluded to has evidence of a like origin, and may be called a reasonable sample of considerable current eulogistic literature upon tuberculin.

J. L. COOMBS.

Editorial Notes.

IN a previous issue of this journal we called the attention of our readers to the good work that is being done by the Ladies' Hahnemann Hospital Association, mentioning the fact that a special feature of the institution was to be a free ward for sick and destitute children. We also mentioned the fact that a location had been selected for the new hospital, and also that a building was to be built in the near future which was to be substantial, handsomely furnished, thoroughly equipped with modern hospital accessories, and exclusively devoted to homœopathy. One in fact that would even more than compare favorably with any homœopathic hospital in the land.

It now becomes our pleasant duty to chronicle a noble donation to this institution which assures the accomplishment of its special feature.

Mrs. George Hearst has given ten thousand dollars (\$10,000) in cash to the Hahnemann Hospital Association

for the special purpose of building a substantial and ornamental stone and brick cottage, complete in hospital architecture, and modern in its improvement, to be devoted exclusively to the treatment of sick and destitute children, which shall be free, and which is to be known as "The Phoebe Hearst Cottage." Not only this, but the generous lady has promised still further aid to this noble work.

ALTHOUGH this is the most notable donation that the Ladies' Hahnemann Hospital Association has received, it is not the only one, for it will be remembered that Mrs. Moses Hopkins some time ago donated seven thousand dollars towards the purchase of a suitable location, and the ladies of the association themselves, through their persevering energy, succeeded in raising a like amount. With this, four fifty-vara lots were purchased on Lake street, between Fourteenth and Fifteenth avenues, a location unexcelled in its salubrity and sunniness, accessible by several lines of cable cars, and adjoining the Presidio or government reservation.

THUS the location is secured by the donation of Mrs. Hopkins and the efforts of the ladies, and the special feature of the free ward for sick and destitute children will be amply provided for by the generous donations of Mrs. Hearst. There only remains the building fund. The ladies have already started a movement to raise this, and among their immediate plans to further this end, is a monster entertainment to be held in this city during the month of November. As soon as a sufficient amount has been raised, the work of building will be commenced, the permission to build having already been granted by the Supervisors.

OUR wealthiest and most influential citizens are homœopathic patrons, and we are confident that if the generous donations of Mrs. Hearst and Mrs. Hopkins, and the gratifying results of the Ladies' Hospital Aid Association were brought to their immediate notice by their family physicians, they would see at once that Andrew Carnegie, the celebrated Pittsburg millionaire, is sound in his doctrine that a person

should distribute some of his wealth while yet alive, and sufficient donations for the building fund of the Hahnemann Hospital would not be long in forthcoming.

WE cannot urge too strongly upon our physicians to bring these facts to the notice of their wealthy clients. We need a hospital in this city, and have one we shall, and the sooner donations come in, the sooner will the end be accomplished. THE CALIFORNIA HOMŒOPATH would be pleased to receive donations, however small, for the building fund of the Hahnemann Hospital, and give due credit therefor in each issue. So send in your donations ladies and gentlemen, and, contrary to the usual usage, you may *all* speak at once. W.A.D.

THE homœopathic interests of the State of New York will be well cared for if the democratic nominee for governor, Mr. Roswell P. Flower is elected, and if he is not elected it will not be the fault of the Homœopaths of that State, who will lay aside party sympathies this time and vote for the man who has done Homœopathy such good turns. Homœopaths of that State will not forget the Flower Surgical Hospital, nor the Keep Ophthalmological Hospital and College, nor the New York Homœopathic Medical College. We hope a similar chance will be given us in California sometime. We wouldn't like anything better than to see such a man run against our present apology for Governor. We could then show what our strength consists of.

WE are in need of original articles, short and concise ones preferred, for this journal. It seems a pity that with five or six hundred homœopathic physicians on this coast, there are so few who are willing to write articles for us. Send on your interesting clinical cases, else there will be no use of continuing the journal. We are willing to do our part, and we only ask each one of the five hundred physicians of this coast to send us an article every *three* years, then we shall have matter enough to have an interesting and valuable journal. Those who have not contributed for the past three years will please consider that their time is up.

Personals.

DR. E. W. CROOKS, of Santa Barbara, recently paid a visit to this city.

MR. E. W. RUNYON, of the firm of Boericke & Runyon, is contemplating a trip East.

DR. G. F. WHITFIELD, of Grand Rapids, Michigan, was in town a few weeks ago. The doctor is at present at Mokelumne Hill, Cal.

DR. E. M. WINE, formerly House Physician at Ward's Island Homœopathic Hospital, and at present practicing in Brooklyn, N. Y., recently paid the coast a visit.

Do NOT forget the meeting of the Southern California Homœopathic Medical Society, at Hotel Del Coronado, San Diego, on the 14th, 15th and 16th of this month.

FOR SALE.—A practice, horse, buggy, and harness; town, A No. 1; population 4500; within two hours of San Francisco. A rare chance. For particulars, address business manager of this journal.

DR. CHAS. L. TISDALE examines for the New England Life Insurance Company, in Alameda. The New England is a first-class company, and we hope at no distant day to see a Homœopath appointed in this city as one of the Company's examiners.

Book Reviews.

Mental Suggestion: By DR. J. OCHOROWICZ, sometime Professor Extraordinarius of Psychology and Natural Philosophy in the University of Lemberg. Four double numbers of the Humboldt Library. Price \$1.20. New York: The Humboldt Publishing Co.

Much is now-a-days said and written about *Hypnotism*: the more ancient term *Animal Magnetism* is not often mentioned. It is the common belief that whatever of truth there was in the doctrines of Mesmer, Puységur, and the rest of the "animal magnetizers" is comprised under the scientific term "hypnotism," and that the modern school of Charcot, and the school of "suggestionists" at Nancy, France, represent the highest attainment in the science and art once studied and practiced by Mesmer and Puységur, and later investigated by Braid of Manchester. But here is an author who maintains that hypnotism and animal magnetism, though they have certain superficial resemblances, are radically different from each other in their

scientific study. The title of the work, "*Mental Suggestion*," well marks the difference between hypnotism and magnetism: in hypnotism *mental suggestion* is not to be thought of, but that it exists in animal magnetism is the task of this author to prove.

The author is in every way competent to treat the subject: he is a learned physiologist and physicist as well as a psychologist—and he has studied the matter experimentally for years. He has mastered all the literature of hypnotism and animal magnetism: his book contains an enormous amount of information nowhere else accessible outside of the greatest libraries. Just because Ochorowicz first explored the ground thoroughly on his own account and then sifted the bibliography of magnetism, he is able to estimate the true value of the work of prior experimenters and prior students and theorizers.

It is simple truth to say that no student of human psychology can afford to neglect this most able and brilliant treatise—a work original in its method as in its points of view, and possessing moreover all the charms of a consummate literary style—in other words, consummate simplicity and clearness of expression. It is unquestionably the completest work on magnetism and hypnotism ever written: no author so well equipped for the discussion of the question ever attempted it before.

International Clinics; a Quarterly of Clinical Lectures, &c. Edited by J. M. KEATING, M.D., and J. P. GRIFFITH, M.D., Philadelphia; J. M. BRUCE, M.D., and D. W. FINLAY, M.D., London. Philadelphia: J. B. Lippencott & Co., July, 1891.

The second volume of this valuable and interesting quarterly publication came promptly to hand. It is enriched with an excellent photogravure and biographical sketch of Dr. Joseph Leidy. We find articles on a great variety of subjects by well-known professors and teachers—men who are authority in their various departments. The common, every-day diseases are not neglected, thus we have a suggestive article by Dr. N. S. DAVIS on some of the more common causes of indigestion and the principles that should guide the treatment; another on Asthma, by THOS. J. MAYES, M.D. The various departments on Surgery, Gynecology, Dermatology, Ophthalmology, &c., all receive one or more articles, all of a practical nature. As a record of some of the best work done by the old school, however poor the therapeutic resources, we can cordially commend this publication.

The Wherewithal; or, New Discoveries in Cause and Effect. Philadelphia: Wherewithal Publishing Co.

This seems to be an attempt to classify and regulate the consideration of subjects, and as a means of systematization it seems a useful one. It requires study however to comprehend it.

Lathyrus sativus is to be remembered in various kinds of paralysis of the lower extremities.

Selections.

A CLINICAL CASE, WITH COMMENTS.

By H. R. ARNDT, M. D., SAN DIEGO.

[Read before the California State Homœopathic Medical Society, May, 1891.]

B. C. D., a woman, æt. about 29 years, of light complexion, fair weight, sanguine temperament, nervous and excitable, more than usually bright for a person in her lowly walk of life, "high-strung," and of fine physique, had by her conduct at home excited the alarm of her husband. She had shown much moodiness, paroxysms of ungovernable rage, and had upon several occasions threatened to do away with herself. The patient was referred to me, and I elicited the following history:

As a young child she had masturbated, constantly and excessively, by tickling the clitoris, thus producing well-defined orgasms. At 16 years of age she was well-developed, active and physically quite attractive. She ran away from her home in England, coming to America as the mistress of a professional gambler and blackleg. For many years the two lived a life of absolutely unbridled licentiousness. When in danger of arrest for some violation of the law, or for the time weary of his mistress, the man would leave her for months at a time. The patient, finding it impossible to go to sleep without sexual gratification, and yet too true to her "man" to cohabit with others, would invariably and at once fall back upon her old practice of masturbating. This life was continued for year after year, the one redeeming feature of it, so far as the woman is concerned, lying in her unwillingness to associate with other men under the pressure of want or the coaxing of her "man" to provide him with money by street-walking. She solemnly affirms that during all these years she could never go to sleep without natural or artificial gratification of sexual appetite.

In the course of time the two parted company, unwillingly so far as the woman was concerned. Eventually she became the legal wife of a man who had himself lived for years with a mistress, and who knew all about the patient's past, and who married her, it appears, with the deliberate intention of complete reform on the part of both. The, now, wife retained a strong

physical love for the worthless partner of her early womanhood, of which she could not rid herself; this love seemed the more uncontrollable, since the husband, exhausted by former debauches, was both physically unable and from principal unwilling to gratify her sexual frenzy. Her mental state was pitiable. On the one hand she longed with all her might to become a respectable woman; she knew that this was the one grand chance of her life, and she could not let it slip by; in addition, her husband was a liberal provider; he had become a hard and steady worker, and, more than all, a kindly and indulgent fellow, whom she could not help but compare favorably with her old-time associate. On the other hand, the old fate was upon her. At night she would lie by her husband's side, dreaming over the wild excesses which had become her meat and drink, and, working herself into a state of frenzy which rendered resistance out of the question, she would produce upon herself orgasm after orgasm before being able to go to sleep. During the day periods of frightful depression with suicidal tendency would alternate with spells of unbounded wrath. It was for them both a life worse than death.

She had also other expressions of the hyperæmic state, such as vertigo and visual disorders, palpitation and sense of great fulness at the heart, frightful vaginal itching and burning, acrid, thin leucorrhœal discharge; furthermore, induration of cervix uteri, ovarian tenderness, and other symptoms characteristic of long-standing pelvic congestion and irritation.

During the six months she was under my care she received but one remedy, *i. e.*, aurum muriaticum, from every two to every four hours. Improvement began very soon. She was discharged a fairly well and a thoroughly grateful woman. She remained under my observation for a considerable period of time, and I have reason to believe that she is now enjoying good health.

COMMENTS.

This case is of exceeding interest to me because, clinically, it is typical of a class of affections which, in spite of their by no means uncommon occurrence, frequently baffle the skill and the patience of physicians to an extent which renders them a source of dread to the practitioner. In the present instance, as in others of the same class, every possible interest in life was at stake; health, opportunity for reformation, the welfare of an immortal soul. The fairly tragic character of the circumstances

which surrounded the case cited, appealed to my sympathy in the strongest possible manner, and my success in affording relief to this sorely tempted woman and to her husband will always be to me a very bright spot in my professional work.—The case, however, is of value, also on account of the clearness with which the symptoms pointed to the curative remedy. I do not in the least hesitate to confess that I have in exceptional cases only been enabled to select a remedy and to continue it, without change or the use of auxiliary measures, until the discharge of the patient cured.

The question arises: Why did I consider aurum so clearly indicated in the case presented, and what other remedies are likely to prove curative in similar cases. In order to frame a suitable reply, let me pursue the indirect method of first pointing out a few remedies most likely to be useful in similar cases (*i.e.*, cases of profound nervous disturbances which result from sexual viciousness), and then determine the special type of which each is the representative.

The remedies most likely to be indicated homœopathically, in the order of their relative frequency with which their exhibition is likely to be called for, are: Nux, ignatia, phosphorus, aurum, gelsemium. Of course, this list is not complete. In order to determine the conditions under which they may be expected to yield curative results, it will be necessary to study them separately; and, since we all know their symptomatology, I shall devote my time to considerations lying somewhat outside of dry symptomatology.

Nux and *ignatia* are closely related, chemically and pharmacologically. Both have stamped upon them the influence of their alkaloids, strychnia and brucia, giving marked irritation of the spinal cord, great excitability of the entire (spinal) nervous system, and well-pronounced tendency to spasmodic action. It is safe to assert that *ignatia*, generally speaking, differs from *nux* in that the character which pertains to its individuality is pronounced with even more startling clearness than it is under *nux*. The individuality of *ignatia* lies chiefly (1) in its mental condition, (2) in the superficial character of its symptoms, (3) in the erratic character of its pathogenetic (and curative) effects.

1. *Its mental condition.* Both *nux* and *ignatia*, given in tangible doses, produce a primary irritation of the nervous system, with general irritability of temper, querulousness and impatience. . *Nux* causes vastly more active irritability of the spinal

centers, hence of the dependent muscular fibre, infinitely more pronounced reflex excitability of the cord, and, mentally, much more aggressive mental irritability. Under *ignatia* we discover at an early stage of the drug-disease an unsettled frame of mind, an undue hilarity alternating with profound melancholy; the latter is in the ascendancy, and develops rapidly. The typical secondary effects consist of a fixed state of melancholy, which partakes strongly of the sentimental; the patient is yielding, gentle; he "grieves" because he thinks himself wronged.

[*Nux* and *ignatia*, *superficial* insanity. *Nux* *not* retiring; a matter-of-fact fellow; *not* sentimental; may be depressed, but will assert himself, if he gets a chance; self-willed; *retaliates* instead of yielding. Clinically, mental symptoms of *ignatia* are more clearly pronounced in connection with other groups; more often a guiding symptom.

Pulsatilla equally gentle, emotional, full of sighs and tears; but *changeable*, now laughter, then tears; while under *ignatia* the gloom is settled. *Pulsatilla* more impulsive, and wants sympathy. *Ignatia* patient goes to her own room, in some dark corner, alone, sighing, grieving, hugging the trouble to her heart.

Perfect counterpart to *ignatia* is found in the effects produced by an *unhappy love affair*; patient is perfectly hopeless; asks only to be left to herself, to suffer in quiet; also the *gastric*, *head* and *heart* symptoms of *ignatia*. *Home-sickness* gives similar condition. Hahnemann used this brooding and thinking over a wrong suffered, without anger or a desire to retaliate, as a sure indication of *ignatia*—pseuda-epilepsy.

2. The *superficial* character of the *ignatia* symptoms is unmistakable. Its painful sensations are not limited to any one organ or group of organs, but the drug force sweeps over the entire nervous system with the same rapidity which belongs to the hand of the skillful pianist as swiftly it flies over the keyboard, evoking a very storm of sounds, yet never losing the air which he is playing. So *ignatia* sweeps over the entire nervous system here and there, up and down, giving us an infinite variety of sensations, yet always the same characteristic hurry and instability which belong to the drug. One symptom chases the other. He now complains of being cold; a moment later, and he resents a coverlet, violently declaring that he is burning up with heat; he now importunes the nurse for a drink, but before it can be brought him, the very idea of wanting to drink is repudiated as an insult.

Both, nux and ignatia, are closely related, homœopathically, to various affections of the spinal cord and nervous system, and here, too, the superficial character of ignatia is well marked. Nux acts so deeply that it reaches organic diseases. Ignatia is limited to a brilliant activity in functional diseases. Both, nux and ignatia, have that numbness, prickling, and the various sensory and motor disturbances which suggest paresis or paralysis; under nux the blow actually comes, perhaps sooner than expected; under ignatia, the premonitory symptoms continue in varying severity, giving rise to all sorts of apprehension and to the keenest mental suffering, but remain what they really are a neurasthenic; the paralysis does not come.

3. The *erratic* character of ignatia practically constitutes a pathogenic hysteria. Congestive *headaches* are always aggravated from stooping: the headache of ignatia has all the symptoms of the congestive type, yet is made better by letting the head rest low, by leaning it on a table. The *teeth* are sore and tender; but they hurt most when *not* used, and the pain almost disappears during mastication. *Vomiting* often follows eating, but eating relieves the nausea of the drug. The *cough* is violent, as from tickling in the throat by a feather; it increases in violence until it becomes convulsive; but an energetic effort of will stops it at once. Sticking, stitching pain in the *throat* is felt *between* the acts of swallowing, and it is at once eased by swallowing solids. So is the sensation of a lump in the throat lost when the patient swallows. During the *fever*, he wants more covering when hot, wants to be uncovered when cold; craves cold water during the chill, refuses drink during the hot stage.

Clinical experience shows that neither nux nor ignatia reach beyond the early stage of mischief done by sexual vice, especially masturbation, but that each in the earlier stage has a well-defined field of usefulness. Nux is more useful to *boys*, who have not yet been far enough into mischief to show in their physiognomy and physique the traces of the evil habits; but there is present the almost irresistible impulse, which, under nux, is pretty sure to be associated with gastric derangements, constipation, backache, and headache. The periods of excitement occur early in the *A. M.*, especially after eating a hearty meal late in the evening. In older persons lascivious dreams occur at this hour, with emissions. The patient looks and acts well, but is moody, depressed, somewhat impatient, and avoids continuous exertion.

The ignatia patient develops symptoms of a distinctly hysterical type, such as are connected with the "sentimental" tendency. Of the concomitants of importance, not already described, loss of appetite, feeling of repletion after swallowing the first mouthful of food, coldness and numbness of legs and sacrum, are particularly reliable.

PHOSPHORUS—The action of phosphorus upon the nervous system is infinitely more profound and infinitely less erratic, or "hysterical," than is that of ignatia. Throughout the pathogenesis of phosphorus the nervous system gives evidence of disease. Its action as an irritant to the mucous membrane, leading to structural changes, chiefly fatty degeneration of this and other structures, does not directly interest us now; but we must not forget that it acts deleteriously upon nutrition (blood, bone, etc.), thus weakening the entire organism, predisposing it to low states and causing general marked exhaustion.

Neuritis, more or less severe, with paralysis following, belongs to acute as well as chronic cases of phosphorus-poisoning. Small doses—here as elsewhere the more suggestive to therapeutists—give as primarily an increase of sexual desire and power, with corresponding increase of the heart's action, of cutaneous circulation, elevation of temperature, muscular power, and mental activity. In women this is associated with a turgescence of the sexual organism and a pseudo-menstrual flow. As secondary effects, we have first, loss of sexual *desire*; then, loss of sexual *power*.

Clinical experience shows that the *irritability* of the sexual organs (*i.e.*, irritable weakness, a primary effect) here is particularly valuable. It is of constant occurrence in the sick-room. We not only associate it with the irritable weakness, commonly resulting from loss of vital fluids (say, sexual excesses), often giving to the latter the dignity of a key-note, but we also find that this irritable weakness, at times becoming a very *frenzy*, is a prominent feature of those nervous and spinal disease in the treatment of which the drug is a grand remedy. In *consumption*, for instance, phosphorus has proved a most useful remedy, and it is a fact that in this disease we often find, with the great exhaustion of the entire system, an irritability of the sexual apparatus, which is truly wonderful, and which is responsible for much mischief. A patient of my late partner, Dr. Gamber, had intercourse several times each night, and actually during the night of his death.

In certain cases this irritability grows into a frenzy; the patient's fancies become foul and lascivious; he loses all sense of shame in their gratification; he becomes a brute, and the culmination of such a state is *imbecility* (i.e., more moderate excitement). As consumption furnishes the counterpart to the condition first described, so many types of organic diseases of the nervous system correspond to *this* state. In the pathological state, as in the drug pathogenesis, the refined, sensitive, intellectual nature of man is hopelessly lost; all the pure and loveable in him is buried underneath a very mountain of moral filth; and as in the drug disease, so here, in the actual disease, imbecility is the culmination of the malady, due to degeneration of nerve matter. It is most interesting to note that the parallel lines of drug action—in the drug disease and in the natural disease—correspond very closely all the way through; thus we not only have corresponding mental state; and the characteristic tearing, burning, “fulgurating” pains, but provers have even recorded such symptoms of organic lesion as “feeling of a tight band around the body.”

As a remedy, phosphorus ranks very high in states where the patient is absolutely unstrung and demoralized, where he sinks into the condition of a brute, with every indication, to the intelligent observer, of drifting into imbecility. It is also very likely to prove useful when much general sexual erethism exists in connection with a state of physical weakness. But a considerable degree of “tension” must be present to complete indications for it; in the absence of this “tension” of the nervous system, and particularly when there is much general and local relaxation, gelsemium and phosphoric acid are much more likely to be useful.

GELSEMIUM is quite as unique in its action upon the nervous system as are the remedies already discussed; indeed, if it were not, it could not claim, in the treatment of the disorders for which we are seeking to establish a therapy, to rank as a remedy of importance. It produces clear-cut symptoms of paresis, or paralysis. At first it acts as a moderately active nerve-irritant, giving rise—among others—to spasms of the glottis; this primary action having passed (and it does so soon), it assumes the role of a depressant. The voluntary muscles are affected first; the patient cannot feed himself and loses the power to walk, because the arms and the legs are powerless; later, the eyelids can no longer be raised, and soon the *involuntary* muscles show decided, and even a dangerous, degree of impairment in the feeling of

great tightness across the throat, loss of the power of deglutition, and failure of the heart's energy. If carried still further, the general relaxation becomes complete; stuper supervenes; an apoplectic condition declares itself, characterized, among others, by purplish, spotted appearance of the skin, marked blueness of the face, dilatation of the pupils, loss of speech and vision.

Comparing gelsemium with other drugs, we may say that, like calabar bean and conium, it benumbs and paralyzes the nerves of motion, while nux vomica and belladonna excite them. Further, gelsemium kills by causing general paralysis and apoplexy; nux, by producing an intensely active congestion of the cerebro-spinal centers (tetanus).

These very fragmentary and rude physiological data are in themselves quite sufficient to establish the very important probability of the close homœopathic relation of gelsemium to those disturbances, in this case arising from sexual irregularity, which are characterized by such a depression of the great nerve-centres which, *partaking of chronicity*, which give rise to a *slowly developing* general motor impairment, showing itself in a long continued semi-paretic, quite helpless state of arms and legs, making walking more especially an exceedingly trying exercise. And you will all bear me out when I claim that among all the symptoms of gelsemium none are so universally reliable as its muscular weariness, whether it shows itself in the eyelids (ptosis) or in the heaviness and clumsiness of the legs.

The *symptomatology* of gelsemium is equally pregnant with suggestions. When lecturing upon this remedy, I have usually given the following symptoms as defining fairly well the individuality of the drug.

1. Lassitude, weariness, indifference, wants to be left alone.
2. Ptosis, and stupid, heavy expression of the countenance, double-vision, "which may be controlled by an effort of will (Guernsey.)"
3. Fever without thirst.
4. Aggravation of symptoms, especially of diarrhœæ, from excitement, particularly from the receipt of unpleasant news.
5. Flaccidity and coldness of male genitalia, with seminal emissions from weakness.
6. General paralytic weakness, particularly felt in the legs, from utter loss of muscular power.
7. Dull pain in the back of the head (its in forehead) with dull vertigo, drowsiness, and sensation in the face as though

the skin in the middle of the forehead and about the face, especially about the mouth, making it difficult to talk.

If we add to these that tendency to sleepiness during the day and in the morning which the remedy has well marked, we possess a perfect picture of a rather intractable class of cases which arise from sexual abuse and irregularity, even to those neurasthenic symptoms (feeling as though skin on forehead or face were contracted) which, themselves expressions of irritability, so commonly occur in connection with that general depression which belongs to them.

I would most earnestly ask your attention to gelsemium in this connection, because, from my own observation, I am inclined to think that this drug, so constantly and successfully prescribed by the profession here in an infinite variety of morbid states, is hardly thought of in the treatment of sexual disorder or of nervous diseases arising from abuse of the sexual organs. I can assure you that it possesses wonderful curative powers here.

The individuality of *gold*, as a remedy, depends very largely upon its mental symptoms, a group which, as a part of the general pathogenesis of the drug, does not make a very strong showing *numerically*. Its action upon the mucous membrane, glands, and bony structure I need not describe, but I wish to recall the fact that the substance, given to the healthy, causes throughout the system a remarkably persistent hyperæmia, giving rise to sensations of fulness, enlargement, and pressure from within, outward, in the heart, lungs, liver, kidneys, etc., causing an actual enlargement of the heart from the increased pressure, and from the same cause setting up an artificial albuminuria, sometimes leading to organic kidney disease (cirrhosis). The brain, too, suffers from hyperæmia and feeling of fulness, mental confusion, roaring in the ears, and characteristic visual disturbances are well defined and of constant occurrence.

The sexual organs are irritated. Swelling and voluptuous itching, with frequent erections—at times painful—and exhausting pollutions occur frequently. There is twitching pain in the urate organ, drawing along the spermatic cord, and often, atrophy of penis and testicle. The same irritation, redness, swelling, heat, and intense voluptuous itching torment women under the pathogenetic action of gold, affecting the vagina and pudendum; a profuse, acid, irritating leucorrhœal discharge persists and, as usual when the sexual instinct is very active, the

menses are copious. Uterine hypertrophy, leading to displacement of the organ, and cervical induration, especially at its lower half, accompany this condition. Interesting as are these symptoms, we must view them in the light of the characteristic mental condition, if we will understand their full importance.

Aurum has great mental anguish (with præcordial distress); this anguish is strongly tinged with a feeling of profound self-condemnation and worthlessness. The person suffering from the gold-sickness, fully developed, feels convinced that he is only a foul blot upon humanity, utterly unfit to live, and his wretchedness is increased by the full belief that his friends realize his unworthiness, and have forsaken him. Hope fades, so far as this world is concerned, and when he looks beyond it, he is overwhelmed with the certainty that to him nothing can come save utter ruin. This mental state unfits him for the duties of daily life; he can no longer apply himself for any length of time to a settled task. He broods, until life becomes unendurable, and he learns to court the thought of death; thus the idea of self-destruction steals upon him. With this condition, the cerebral hyperæmia, which constitutes an important feature of the aurum sickness, asserts itself; he is easily roused to anger; cannot tolerate being thwarted or even contradicted; the slightest opposition arouses his anger, the face flushes, the eyes flash, he is ready to fight. But such a paroxysm never lasts long; he is too much exhausted to sustain for any length of time a strong emotion, and he quickly subsides into his accustomed lethargy, suffering more or less constantly from rush of blood to the head, obscuration of sight by black specks moving before the eyes, dyspnœa, unrefreshing sleep, etc.

I know of no pathogenesis in our entire materia medica which more graphically describes an actual natural disease, as do the symptoms of Gold describe the effects of certain forms of general, mental and nervous troubles arising from sexual depravity, especially those severe functional disorders which are due to excessive and long-continued masturbation in the sexually *immature*. The entire pathogenesis of aurum tends to prove its especially close relation to highly nervous organizations, and it is *the very type* of children, easily impressed; precocious of scrofulous tendencies, who are most likely to fall victims to self-abuse, and who, if they once taste of the forbidden fruit, are almost sure to practice the habit with a reckless abandon that is appalling—such children are by no means necessarily of de-

praved tendencies; on the contrary, they now often have a tender conscience and much pride. And thus it is that we may get, as I several times have had, the history of a fair-haired, nervous, scrofulous, intelligent child, years before the establishment of puberty, an abject slave to this vice and constantly vacillating between the whips of his passion and the pleading of his better nature. As he grows older, he thinks more seriously. He becomes conscious of self-degradation, and despises himself. His life is wholly morbid, and the feeling of self-debasement leads him to suspect that his secret is known to others, and that he is despised by those whose love and confidence are necessary to him. He attempts reformation, but the habit itself is strong, evil companions are ever at hand, and perchance the organ is irritated, chafed, and by constant voluptuous itching provokes foul fancies which proves irresistable. Futile attempts at reformation are made again and again, each failure followed by the increasing conviction that it is perfectly useless to try to do better; the child is no longer in a condition to give satisfactory attention to his studies and to other duties, and he feels this keenly. No wonder he gradually learns to believe that he has hopelessly ruined his prospect in life. If old enough, he woos the idea of self-destruction, and would boldly end the struggle with his own hand, were it not that he has lost the moral backbone and the firmness of will necessary to do the act.

It is this class of cases who furnish to the advertising quack an easy living. By preying upon the fears of a young person, already demoralized, and at best poorly qualified to form a correct opinion, the unprincipled "specialist" of newspaper notoriety finds it an easy task to wring from his duped patient the last dollar he is able to earn. If this were all the harm done, it might seem unnecessary to waste sympathy; the loss of dollars and cents is not irredeemable, and might, in a case of this kind, be considered a penalty for follies committed. Unfortunately, the chief trouble arising from professional relation with these free lances in medicine, is of a moral character. The patient is sure to be so thoroughly frightened by having drawn to him the most harrowing pictures of irrespressible woe to come, that in many cases the chief task of an honorable physician is to remove the actual monomania which has taken possession of the unfortunate.

The profession are not without serious blame in this matter. Many years ago, and even within my own memory, the ill-

effects, more particularly of masturbation, were generally over-estimated, of late, we have gone to the other extreme, and with it is fashionable to pass the matter with a complacent smile or a thrug of the shoulder; which of the two extremes of opinion holds the greater degree of safety to the patient cannot easily be determined. My own experience has fully demonstrated to me, and I think the better part of those who largely treat functional diseases of the nervous system, hold the same views, that a moderate degree masturbating, especially in man, is not likely to be harmful in a *physical* sense; as to the immorality of the practice, there can possibly be no difference of opinion. Practised to an immoderate extent, we find the same ill-effects which must necessarily result from the waste of a highly organized fluid, like the semen. But when masturbation is practised by the sexually *immature*, two factors must be considered; the one is the physical draft upon the system, exhausting the vital energies much more rapidly at this time of life than similar causes can do later; on the other hand, the shock to the nervous system. Both combined, tend to rapidly develop any lurking predisposition to disease in any part of the system, and under all circumstances to give rise eventually to grave effects of the nervous system. And it is useless to point out that *excess* and vice of this kind, no matter how practised, must in the main bring about this train of mischievous developments. En passant, I desire to call your attention to the fact that many nervous disorders, connected with pelvic congestion of long standing, and a remarkable loss of general tone in men, with symptoms of spinal irritability, both sexes, are explained by the abominable and very general practice of premature withdrawal of the male organ for the purpose of preventing conception. I know of two cases of insanity entirely due to this type of sexual vice, and am well convinced that in the actiology of insanity, as determined by the pathologist of the near future, organism will be considered a very important factor.

At the risk of completely tiring you, I must add that in the therapy of these effects moral treatment holds a rank of conspicuous importance; not *that* moral treatment which, from a height of moral superiority, condescendingly lectures the miserable wretch whose folly or depravity have led him into sin, but that higher moral influence which is the expression of a strong and pure nature's prompting to help the weak and frail ascend from out of the slough of impurity into a life of moral

sunshine, purity, and healthfulness. I have ever held that the true physician, without a conscious effort of his own, is bound to become a priest of humanity; sore, weary, aching humanity, is the very "holy of holies," into which none but himself dare enter; let him enter it with a heart pure and hands clean, conscious that his own example and doings make and unmake, direct and uphold, strengthen and purify.

HOMŒOPATHIC THERAPEUTICS.

BY SAMUEL LILIENTHAL, M. D., SAN FRANCISCO, CAL.

[A paper presented to the International Homœopathic Medical Congress, Atlantic City, N. J., June, 16-23, 1891.]

The Committee of Arrangements for the International Congress of 1891 honored me with an invitation to give my views on this vital question, which now divides our school, and I consider it a propitious sign of our times that this theme will be fully elucidated by both sections, who differ in the definition of "Homœopathic Therapeutics," and therefore necessarily also differ in their application in practice. There can be no question that too many of the younger physicians, graduates of homœopathic colleges, consider us, the old guard and watch-dogs over Hahnemann's doctrines, mere old fogies, whose time has expired, while the homœopathy of the present day must amalgamate itself with more scientific doctrines, as taught by other schools, and thus hasten the millenium when a general lovefeast can be celebrated by all, and therapeutics, as a minor branch, can be put into the background and removed from the high pedestal which for many centuries it claimed to occupy, and when the whole medical fraternity will vouchsafe to the listening crowd the axiom, that the first, yea, the only duty of the physician cannot be the mere relief of the sufferer. Away with such nonsense at the end of the nineteenth century. The great and paramount duty of the physician is to prevent suffering; the physician of the coming twentieth century must be more than a mere healer; his sacred duty will be so to educate the people that morality and virtue will become the pillars of

the nations, that vice will be shunned by individuals as well as by all communities for its own foulness that heredity will be only known and praised for its own glorious and benign influence, for the descendants of virtuous progenitors can only be good and virtuous, and all what is hideous and revolting they know only from hearsay by looking backward.

But alas ! in looking around in this wicked world we easily perceive that we are yet far off from reaching such a golden age, and the question may well be asked whether our descendants will ever reach it. Though there can be only one religion implanted into our innermost heart by an allwise, infinite Power, there are many sects quarreling and belittling one another, and predicting failure to all who do not swear allegiance to their doctrines. The same holds good in medical lore and of its practical application. A Chinese physician of high repute among his countrymen, and often also consulted by white folks in good standing in their communities, once told me in full candor that Chinese treatment is far more efficacious than that of the medical European or American colleges, missionaries of theology and medicine to a nation, which is so far in advance of all other nations. The same tyrannical egotism rules everywhere, though it may be after all a thing not to be despised, for one who looks too much to others for guides and guidance forgets and neglects his own good qualities, and it may happen to him, as it did happen to many others, that one runs after false idols, and instead of gaining by such actions he steadily loses ground and confidence in his own opinion.

An orthodox believer, no matter to what sect he may belong by birth, nationality, and by his own free will and accord, must have full faith in the doctrines of his Bible; so also the orthodox homœopath ought to give his allegiance to Hahnemann's Organon, but how few are those in our days who believe in an infallibility, how few are those who take the diction of another mortal being as a sacred command, which must not be touched with sacriligious hand, and should not the same searching and investigating reasoning be allowable, yea necessary, in secular matters, and the question may well be raised, whether in looking backward, every step forward is really a progress or not sometimes a

fatal error, leading us deeper and deeper into new-fangled fads, instead of following squarely the old-trodden path, which for a century was to its followers their guiding star to medical salvation.

But what has this to do with homœopathic therapeutics? Allow me to copy a few sentences, which I find in some rebel journal, tired of the old school. Dr. Onigly, of Missouri, writes: "It is no novel experience to see a representative medical man, deeply versed in the literature of his profession, skilled and experienced in its practice, take the life of his fellow in charge and readily detect his malady; thus far he is an expert. But ask him about a cure, and he will show uncertainty. If he is honest he will be indefinite, or at the least, will be provisional in any promise he will make. He knows his resources too well. The inefficiency of his therapeutics is well learned in the terrible and bitter experience of the past; he knows how often those weapons in his hands have proved valueless in the preservation of human life."

Again, "Had our teachers kept therapeutics abreast with pathological anatomy, physiology and diagnosis, prejudice, expectancy, nihilism, skepticism and paralyzed efforts, floundering amid vacillations and uncertainties, could not have existed, but long ago the practice of medicine might have been on its deserved plane, with its unsystematic elements of the day replaced by therapeutics of exactness, energy and activity. (The dosimetric medical reviser, February 1890.)

This dissatisfaction is spreading among the physicians of the old school as well as among many who claim to be homœopathic physicians, and every theory is taken up with eagerness which promises to give better results, tried by everybody, its benefits, highly praised by some, and after failures discarded by others. Physicians and laymen think too much of the diagnosis, hitch their treatment to it according to the prevailing fashion of the day, and forget entirely the patient and his surroundings; they forget that just as there is only one religion, so there is only one vis medicatrix naturæ, inherent to each patient, and the nearer we come to uphold this innate power and to remove every obstacle which would interfere with its free exercise, the nearer we

rise to the picture of an ideal physician. Study the history of medicine from most ancient times up to the present day, pass in review all the therapeutic measures from Hippocrates to our present Bacteriological era, and see whether their aim was to uphold and to support this healing force of nature, or whether each and all did not base their treatment on some imaginary idea, whether their whole armamentarium was not leveled against some foreign element which must be cast out, and where this is impossible let palliatives rule supreme. Really the genuine symptom hunters are the teachers and practitioners of the old school, and their polypharmacy arises from their necessity to put a suitable drug into the prescription for every symptom complained of, but at any rate pain must be suppressed and the consequences must take care of themselves. But an awakening takes place even among the teachers of that old school, and they begin to preach to give more consideration to the peculiarities, and the individuality of the sufferer, that the manifestations he complains of are part and parcel of his own being, and the disease can only be studied in the patient, and not as a foreign enemy and intruder. A new theory proclaimed by high authorities, while Samuel Hahnemann proclaimed this doctrine already a hundred years ago in his masterly *Organon*, and only lately our own T. F. Allen demonstrated the great value of these peculiar symptoms and by attending to them primarily, health may often be re-established without any further medication.

Nature is governed by immutable laws, and that school of therapeutics which claims to work under such a law, must be nearer to perfection than any one so far discovered. Theoretical notions are of little value at the bed of sickness; give me facts which allow a better interpretation of a mode of cure than the one Hahnemann promulgated, and which his disciples have verified all the world over by thousands of cases; establish your claim to a more safe law of treatment, and I am willing to renounce homœopathy and follow the newer path. But so far I have failed to discover it, and we have done so well by following in our treatment the strict rules laid down by the father of homœopathy, that it would be criminal folly to abandon it. So far the doctrine of like

cures like comes nearer to an ideal treatment, and on this ideal let us rest our homœopathic therapeutics. Let our younger colleagues fully understand that homœopathy has only to deal with therapeutical measures, and that in all other branches of medical art and science we work in full accord with all other medical schools; let it be well understood that *Similia Similibus curantur*, and *curentur* is the law of cure as far as drug action is concerned, and that hence homœopathy becomes the science of therapeutics, but we necessarily must also give the closest attention to sanitation, hygiene and dietary regimen, that treatment by electricity, by massage or hydrotherapia have their own peculiar indications and that mechanical appliances and operations, alas! cannot yet be done away with in the imperfect state of our knowledge, but even here conservatism made great strides forward and the great present surgeon claims it a greater victory to heal by mild means than to proclaim to a gaping public the many mutilations he performed. No human, finite intellect can master any more all the branches of our profession, hence the necessity for specialties; but let us at any rate become specialists, which means masters in that branch, which we have voluntarily selected, and which is our great privilege to carry out in our practice! Let us become masters in the selection of the drug according to the light offered us in the provings of our *Materia Medica*, and by the verifications of symptoms vouchsafed to us by men who deserve our full confidence.

Everything seems so plain and clear about Hahnemann's practical works that it is astonishing why it is not more cheerfully accepted, but too often the remark is made by physicians who claim to be homœopaths: we accept homœopathy in a limited sense at least so far as we understand it, but we cannot help, in the light of the present era, to reject the foolish antiquated notions of even Hahnemann, and especially his disgraceful *Psora* theory. Poor old man, you lived ahead of time, you made an awful mistake about that micro-organism, known as *Acarus Scabiei*, discovered about 1830, and the wiseacres laugh at you and discard the whole on account of this so-called mistake, while they swallow *cum gusto* all the bacilli, known or still unknown, and pin their faith on bac-

teriology and antisepsis. As long as this microbial craze lasts we may with complacency look with Ziemssen on the truth of psora, defective reaction, morbid disposition, and pride ourselves on the well known action of our anti-psorics, while the microbians may pride themselves on the acarus, staphylococcus or any other visible or invisible micro-organism. Pasteur and Koch! We give these eminent teachers full credit for all that they have done and what they will do still, for they are on the right track to accept homœopathy without knowing it. Even Ziemssen wondered why Koch's tuberculinum acted only in parts affected and could not understand the affinity between like to like! Some wonder at the necessary dilution of the like in order to get its full action on the like and the remedy, call it the same or the like (Isopathy or Homœopathy) must be given alone and allowed full time to exert its action. Certainly all these rules were known to us for years, but never accepted. The old school authorities proclaimed them from the rostrum. The psora theory, after all, was only an after thought with Hahnemann and has nothing whatever to do with the teachings and practice of homœopathy pure and simple. I, at least, have to go to my homœopathic bible, to the Organon, to the chronic diseases and lesser writings of Samuel Hahnemann to understand its full meaning, and to apply it faithfully in my daily work. In fact, it might be written in the language of the present day, were it not a fact that Carroll Dunham did it already in that masterly work: Homœopathy, the Science of Therapeutics, but in the hurry and worry of daily life who takes time to persue these lectures, or the classical essays or introductory chapters in the works of Farrington, Bayes and Hughes. It is the superficial knowledge which stamps most physicians of our times, and the mischief went already so far that Brother Gatchell asks in his own journal, "Who is a homœopathic physician?" And from most answers received, we fully agree with the French physician who teased that eminent clinician, Dr. P. Jousset, with the remark, that there is now-a-days such little difference between an allopathic and homœopathic practitioner that the devil himself could not detect the difference. We may well ponder over it whether it has really come to

that point, and we may repeat Dr. Gatchell's question, "Who is a homœopathic physician?" Not he who believes in some sort of homœopathy, but in his practice fails to carry out homœopathic therapeutics, for it is not always an easy task to find the similimum; not he to whom bacteriology is the summum bonum and antisepsis the great boon to annihilate disease; not he to whom antipyretics and the thermometer go hand in hand, as though the very febrile state were not the guiding symptom to warn us of the danger, though after all it remains only a solitary symptom and it takes many to make up a totality; not he who prescribes a drug for each region affected, hoping thereby that one of them might hit the nail on the head and the disease or the patient conquered. Everything was done *lege artis*, only through autopsies can we learn our pathological anatomy, and this is of the utmost necessity to render a faithful diagnosis *inta seu intra vitam*.

Has the law of similarity lost its hold on those who once acknowledged their full faith in it, and can he be considered a true follower of the teachings in the organon, when he finds more solace in prescribing palliatives (and dubs those asses who fail to do so) than in the hard labor of studying out the totality of the objective and subjective symptoms, and the still harder trial to dig out the simile to this totality of symptoms. We never dare neglect to render a diagnosis with all the rights vouchsafed to us, we must be fully up in all its different departments often needful for the sake of prognosis; many ailments and pains are only reflex symptoms, and the really suffering organ may be some distance off. Many a time such knowledge will aid you to differentiate between similar symptoms, and after having done your duty conscientiously in that direction, the pathologist must give way to the healer, and with all the necessary zeal, the remedy must be found which covers, not this or that symptom, but the totality of objective and subjective symptoms. Our late teacher, dear H. N. Guernsey, was taken to task and ridiculed on account of his key-notes, and still he has considered them only valuable hints for the selection of the simile, and in many a case these stones which so many of our present generation reject, often become the corner-stone on which the cure must rest. How many of us in these days of hurry

and worry, take time and take breath enough to make haste slowly? Why? because you have not faith enough in the healing power of nature, because you wish to be yourself the arbiter of faith, and many a case is thus spoiled by this repeated drugging. Some may believe in quantity, and carry out in their practice, the idea of much drugging, and to them adjuvantia and palliatives are all necessary adjuncts to their labors. What fools these mortals be!

To many a practitioner a panacea is necessary for every big or little ailment, forgetting entirely that we never deal with a disease *per se*, but with a patient, whose balance wheel got out of gear, and which needs only a little repairing.

Smokeless and noiseless powder is the latest invention for use in warfare, smokeless and noiseless ought to be the treatment to the application of homœopathic therapeutics.

Diagnosis as Related to Diseases of Women.

From a large experience I humbly offer to the reader the following watch-words as broad helps to diagnosis:

In the first place, always bear in mind what another author has pithily said, that "woman has some organs outside of the pelvis."

Secondly. Each neurotic case will usually have a tale of fret or grief, of cark and care, of wear and tear.

Thirdly. Scant or delayed or suppressed menstruation is far more frequently the result of nerve-exhaustion than of uterine disease.

Fourthly. Ante flexion *per se* is not a pathological condition. It is so when associated with sterility or with painful menstruation, and only then does it need treatment.

Fifthly. An irritable bladder is more often a nerve symptom than a uterine one.

Sixthly. In a large number of cases of supposed or of actual uterine disease which display marked gastric distur-

bance, if the tongue be clean, the essential disease will be found to be neurotic; and it must be treated so.

Seventhly. Almost every supposed uterine case, characterized by excess of sensibility and by scantness of will-power, is essentially a neurosis.

Eighthly. In the vast majority of cases in which the woman takes to her bed and stays there indefinitely, from some supposed uterine lesion, she is bed-ridden from her brain and not from her womb. I will go further, and assert that this will be the rule; even when the womb itself is displaced, or is disordered by a disease or by a lesion that is not in itself exacting or dangerous to life.

Ninthly. Groin-aches and sore ovaries are far more commonly symptoms of nerve-exhaustion than of disease of the appendages.

Finally. Uterine symptoms are not *always* present in cases of uterine disease. Nor when present, and even urgent, do they *necessarily* come from uterine disease, for they may be merely nerve-counterfeits of uterine disease.—*Prof. Wm. Goodell in the Philadelphia Medical News.*

ERUPTION FOLLOWING THE USE OF ARNICA.

“AT a recent meeting of the Paris Biological Society, Dr. Dupuy related the case of a patient who was attacked by pseudo-erysipelas in consequence of an application of tincture of arnica. He regarded the fact as very curious, and remembered that oil of rue exerted a similar action.”—*Druggist's Circular and Chemical Gazette.*

The above “curious” fact and hundred others equally curious and new to the old-school, can be found in any homœopathic materia medica for the past 75 years.—ED.

THREE USEFUL RULES.

When in doubt about the seat of trouble, examine the throat in children, the kidneys in adults, and the posterior bases of lungs in old people. Dr. Edward Blake has found these rules of greatest use in practice.